U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

City

Cache

5. Position in labor organization.

State Oklahoma

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTION	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
1. File Number U - /0 425	2. Fiscal Year Covered From 1				
O.N.					
Name and address of person filing.	Name, file number, and address of labor organization.				
Name Darren D Jones	Name Plumbers & P.pefitters Local Union 344				
	Labor Organization File Number 039-549				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 318 Deer Drive	Street 4335 S.W. 46th Street				

City

State

Oklahoma City

Oklahoma

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

		or derived income or other economic benefit of ation represents or is actively seeking to represent.
6. Name and address of Employer (including	trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		7.b. Amount.
Street		
City		
State	ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Davier D /med

ZIP Code + 4 73527

Organizer

On 08/15/2005

580-429-8889

Date

Telephone Number

ZIP Code + 4 73119

Name of Person Filing	Darren Jones	1	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Plumbers & Pipefitters JATC a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg. Room No., if any c. Employer Street 5315 S. Shartel Oklahoma City ZIP Code + 4 73109 State Oklahoma 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. 8/17-8/14 UA Instructor Training Program, Ann Arbor, MI - travel, lodging, meals Name Plumbers & Pipefitters JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5315 S. Shartel 11.b. Approximate dollar value of such dealing. \$1,784 Oklahoma City 12.a. Nature of interest held or income received. State Oklahoma ZIP Code + 4 73109 12.b. Amount.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.		